



State Medical Board of

**Ohio**

State Fiscal Year

**2020**

**Annual  
Report**

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# Letter from the Director

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July 31, 2020

Governor Mike DeWine  
77 South High Street, 30<sup>th</sup> Floor  
Columbus, Ohio 43215

Dear Governor DeWine:

On behalf of the State Medical Board of Ohio (the board), I am pleased to submit this annual report for State Fiscal Year 2020 in accordance with Ohio Revised Code 149.01 and Ohio Administrative Code 4731-30.

Every year, as you will see reflected in the numbers in this annual report, the board issues or renews thousands of license applications and handles thousands of complaints made against our over 93,000 licensees. While we do a good job handling the volume of our work and achieving results, given our charge, we must be hyper-attentive to both protecting the public and treating our licensees fairly in our processes. Accordingly, we remain extremely grateful for the report and recommendation that your Working Group created for us in response to the board's handling of the complaint against Richard Strauss. As we concluded FY20, we were able to celebrate our improvements to process, appreciate an improved culture, and most important, acknowledge that we must never become complacent about the urgency and importance of our work.

The Working Group has afforded the Medical Board a unique opportunity to completely reexamine our procedures. As you will read, much work has been accomplished in our handling of sexual misconduct complaints. We have revised or created new protocols for different stages of the complaint, improved our process on working with local law enforcement, implemented a victim advocate program, created multiple efforts around a licensee's duty to report misconduct of a fellow licensee and completed intensive training to sharpen and modernize the skills of all those who touch the sexual misconduct complaint process. We have also made significant headway on your request to review the past 25 years of our closed sexual misconduct cases to ensure they were handled appropriately at all stages. We will apply all we have learned this fiscal year to continue to improve our processes for all licensure and complaint activities.

The board is not only dedicated to ensuring the safe and ethical standards of education, training, and competence of its licensees, it also provides a means for the confidential treatment of impaired licensees. In early 2019, the board adopted rules for Ohio's new One-bite Program: a confidential program that allows an eligible practitioner who is impaired due to a substance use disorder to avoid Medical Board disciplinary action related to the impairment. The One-bite Program provides for adequate regulation and public safeguards, while offering the proper incentives and means for an impaired licensee to seek treatment and recovery so that they may continue to safely treat patients. We look forward to continued improvements with the operation of our program with the partnership of the Ohio Physicians Health Program. The board also will continue to develop and improve its relatively new non-disciplinary track program for physicians impaired due to mental or physical health reasons.

As you can imagine, the board's work, like the rest of the state's work was greatly impacted by COVID-19. We have worked closely with both the Ohio Department of Health and the Ohio Emergency Management Agency to ensure decisions relative to the delivery of health care are compliant with our laws and rules. Where obstacles were identified we worked closely with both agencies, as well as our stakeholders, to minimize disruption to the public and identify paths forward for the best public health outcomes. During the pandemic, the board has coordinated with our fellow health care boards and other state agencies to ensure our licensees have accurate, timely information. The board is working to guide our licensees through a transition to telehealth, extended licensure renewal dates, and issued orders to relax continuing education enforcement until the state emergency orders are lifted.

I am proud of all that we have accomplished during this challenging year, grateful for the commitment of the staff, and in admiration of the board members' dedication.

Sincerely,



Stephanie Loucka  
Executive Director

# About the Medical Board

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The State Medical Board of Ohio (SMBO, Medical Board, board) issues licenses for and oversees the practice of allopathic physicians (MD), osteopathic physicians (DO), podiatric physicians (DPM), massage therapists (LMT), and cosmetic therapists (CT) under the authority of the Medical Practices Act, Chapter 4731, Ohio Revised Code (ORC). The Medical Board continues to regulate naprapaths and mechanotherapists licensed by the board before March 1992.

The Medical Board also regulates Physician Assistants, ORC Chapter 4730; Dietitians, ORC Chapter 4759; Anesthesiologist Assistants, ORC Chapter 4760; Respiratory Care Professionals, ORC Chapter 4761; Acupuncture & Oriental Medicine, ORC Chapter 4762; Radiologist Assistants, ORC Chapter 4774; and Genetic Counselors, ORC Chapter 4778.

The Medical Board's regulatory responsibilities include investigating complaints against applicants and licensees and taking disciplinary action against those who violate the public health and safety standards set by the General Assembly and the Medical Board.

## Agency Mission

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**To protect and enhance the health and safety of the public through effective medical regulation.**

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### Composition

The State Medical Board of Ohio is composed of twelve members: nine physicians (seven MDs, one DO, one DPM) and three non-physician public members. The board members are appointed by the governor and serve five-year terms. Appointment terms are staggered to provide continuity and board members may be reappointed. Two members are selected by their peers on the board to serve as the board's Secretary and Supervising Member. The Secretary and Supervising Member oversee the investigatory and enforcement processes.

For the first three quarters of FY20, the Medical Board met each month in the Administrative Hearing Room on the 3<sup>rd</sup> floor of the Rhodes Office Tower, 30 East Broad Street, Columbus, Ohio. In March 2020, state employees were deployed to telework to reduce the risk of spreading COVID-19, the novel coronavirus. On April 8, 2020 SMBO hosted its first virtual board meeting with board members and staff joining via video conference. To ensure compliance with Ohio's Open Meeting Act, the monthly board meeting was livestreamed on the Medical Board's YouTube channel, allowing the public to attend the meeting. Virtual meetings continued through the end of FY20 (including the May 13 and June 10 board meetings). In addition to the monthly board meetings, SMBO also met virtually on March 18, 2020 for the purpose of discussing opportunities to support licensees in COVID-19 preparedness.

Meeting agendas and minutes are available on the board's website, [med.ohio.gov](http://med.ohio.gov).

# About the Medical Board

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## Board Members during FY20:

**Mark A. Bechtel, MD**

Columbus – Dermatology  
Term: 1/3/2017 – 3/18/2021

**Richard Edgin, MD**

Columbus – Gastroenterology  
Term: 8/11/2015 – 3/18/2020

**Jonathan Feibel, MD**

Columbus – Orthopedic Surgeon  
Term: 5/21/2019 – 3/18/2024

**Robert Giacalone, RPh, JD**

Dublin – Public Member  
Term: 10/29/2013 – 7/31/2023

**Michael Gonidakis, JD**

Columbus – Public Member  
Term: 10/29/2012 – 7/31/2022

**Sherry Johnson, DO**

Cincinnati – OB/GYN  
Term: 5/3/2018 – 4/25/2023

**Harish Kakarala, MD**

Akron – Pulmonary Intensivist  
Term: 5/21/2019 – 3/18/2024

**Betty Montgomery, JD**

Columbus – Public Member  
Term: 11/15/17 – 7/31/2022

**Kim G. Rothermel, MD**

Columbus – Pediatrics  
Term: 5/19/2014 – 3/18/2022

**Bruce Saferin, DPM**

Toledo – Podiatry  
Term: 9/10/2013 – 12/27/2022

**Michael Schottenstein, MD**

Columbus – Psychiatry  
Term: 6/12/2015 – 3/18/2023

**Amol Soin, MD, MBA**

Dayton – Pain Management  
Term: 4/17/2013 – 3/18/2023

Dr. Schottenstein served as board President.

Dr. Edgin served as Vice President July 1, 2019 - May 18, 2020 when his term ended.

Dr. Bechtel was named Vice President June 10, 2020.

Dr. Rothermel served as Secretary.

Dr. Saferin served as Supervising Member.

No new board members were appointed in FY20.

**Agency Staffing and Funding:** The Executive Director oversees day-to-day operations of the agency. During FY20, 84.5 positions were authorized with 79 of those positions filled on 6/30/20. Medical Board operations are funded exclusively through licensing and other authorized fees that are non-general revenue fund sources.

**Staffing Strategy:** Whenever a vacancy occurs, the board re-examines the need for the specific duties and priorities before backfilling the position. In many cases a vacant position may be repurposed to another area of higher need. During FY20 the board continued to operate within its personnel ceiling of 84.5 positions. Temporary services were sometimes used to address any gaps in workflow.

# About the Medical Board

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**Board Committees:** The Medical Board addresses a variety of issues through its standing committees. Committees formulate recommendations that are forwarded to the full board for action. Committee meetings are generally held the day of the monthly board meeting and committee agendas are posted on the Medical Board’s website. Board actions on committee recommendations are included in the board meeting minutes.

## **Compliance Committee**

Michael Schottenstein, MD, Chair  
Robert Giacalone, RPh, JD  
Amol Soin, MD, MBA  
Harish Kakarala, MD

## **Dietetics Advisory Council**

Carmen Clutter, MS, RDN, LD, CLC  
Susan Finn, PhD, RDN, LD  
Amie N. Heap, MPH, RDN, LD  
Mary-Jon Ludy, PhD, RDN, FAND  
Judy Nagy, MEd, RDN, LD  
Joseph Nigh, JD  
Ashley Pax, RDN, LD, MFCS  
David Reiersen  
Kathy Shellito, RDN, LD

## **Finance Committee**

Michael Schottenstein, MD, Chair  
Richard Edgin, MD until May 2020  
Michael Gonidakis, JD  
Bruce Saferin, DPM

## **ICD-10 Code Data Committee (*ad hoc*)<sup>2</sup>**

Robert Edgin, MD until May 2020  
Jonathan Feibel, MD  
Robert Giacalone, RPh, MD  
Sherry Johnson, DO  
Michael Schottenstein, MD  
Amol Soin, MD

## **Licensure Committee**

Bruce Saferin, DPM, Chair  
Richard Edgin, MD  
Jonathan Feibel, MD  
Kim G. Rothermel, MD

## **Medical Marijuana Expert Review Committee (*ad hoc*)**

Mark A. Bechtel, MD, Chair  
Robert Giacalone, RPh, JD  
Michael Schottenstein, MD  
Amol Soin, MD, MBA

## **Physician Assistant Policy Committee (PAPC)**

Scott Cackler, PA, Chair  
Cory P. Coffey, PharmD  
Richard Edgin, MD until May 2020  
Kindra Engle, DO  
Michael Schottenstein, MD  
Jessica Thurman, PA  
Robert Zaayer, PA

## **Policy Committee**

Amol Soin, MD, MBA, Chair  
Mark A. Bechtel, MD  
Robert Giacalone, RPh, JD  
Betty Montgomery, JD  
Sherry Johnson, DO  
Harish Kakarala, MD temporary appointment for 9-11-2019

## **Respiratory Care Advisory Council**

Cindy Groeniger  
Sanja Keller, RRT  
Roy Neely, RRT  
Robert Pelfry, RRT  
Amy Rodenhausen, RRT  
Edward Warren, MD  
Harish Kakarala, MD

## **Sexual Misconduct Committee<sup>1</sup>**

Michael Schottenstein, MD, Chair  
Robert Giacalone, RPh, JD  
Michael Gonidakis, JD  
Betty Montgomery, JD  
Mark Bechtel, MD temporary appointment, 11-13-2019  
Jonathan Feibel, MD temporary appointment, 12-11-2019

1. The Sexual Misconduct Committee was established in FY20 and first met on October 16, 2020. It was initially called the Strauss Committee, but it later changed its name because, while the matter of Richard Strauss, MD, was the catalyst for the formation of the committee, the committee’s work evolved to extended beyond that matter.
2. The *ad hoc* ICD-10 Code Data Committee last met in October 2019.

# Sexual Misconduct Case Management

In May 2019, Governor Mike DeWine issued Executive Order 2019-16D creating the Governor’s Working Group on Reviewing of the Medical Board’s Handling of the Investigation Involving Richard Strauss. In their August 30, 2019 report to the governor, members recommended the board should “reassure its constituents, despite the recent and ongoing revelations surrounding Strauss, that it seeks to strike a balance between investigation confidentiality and government transparency, in order to achieve internal accountability and to demonstrate its commitment to eradicating sexual impropriety by its licensees.”

Working group recommendations were taken item by item, subpoint by subpoint and broken down into a project plan at the Medical Board. Percent completion on each item is presented back to the working group monthly. Up-to-date information is also available to the public online at [med.ohio.gov/transparency](http://med.ohio.gov/transparency).

At the end of FY20, progress continued in all identified areas for improvement or implementation with an average completion of 75 percent (excluding the historical case review detailed below).

## Transparency

The working group recommended the Medical Board disclose the reason for any complaint remaining open for longer than one calendar year and the reason complaints were closed without formal action. In response, the Medical Board created interactive dashboards that detail complaint information regarding allegation, license type, median days open and the close reason for every complaint.



## Victim Advocates

The working group strongly encouraged the incorporation of victim advocates into the SMBO investigation process. In a FY20 pilot program, two contractors and one internal resource were utilized as victim advocates. Based on victim engagement levels and staff feedback, the board decided on an internal victim advocate resources for full program implementation. During the pilot, more than 30 victims were offered the support of a victim advocate and about 40 percent wanted to utilize assistance. Board staff also underwent intensive training to support a trauma-informed care approach to case management utilizing expertise from numerous organizations ranging from Justice 3D to the Ohio Victim Witness Association.

## Law Enforcement

The Medical Board implemented new policies and procedures to improve collaboration with law enforcement over the last year. In addition to updating the Investigator Manual, the board implemented a new law enforcement notification protocol. The protocol made clear that all those touching a complaint from inception to investigation through enforcement have specific steps to follow in notifying law enforcement of concerns, especially in criminal matters.

# Sexual Misconduct Case Management

## Training and Culture

Emphasis on staff engagement and collaboration continued at the board throughout the year. Regular meetings were established with the executive director and the field investigators. Additionally, investigators had meetings with various board members. Numerous trainings were provided for all staff. The entire investigative and enforcement teams completed a five-day Forensic Experiential Trauma Interview (FETI) training facilitated by the Ohio Attorney’s office. The investigators also completed a three-day training called Certified Medical Board Investigator training provided by Administrators in Medicine (AIM). All staff attended sexual harassment awareness and prevention training. All board members were able to complete a Justice 3D training in the area of sexual boundaries violations. A customized half day training was created by the Ohio Victim Witness Association (OVWA) to further develop the SMBO’s understanding of and work with the victims who file complaints.

## Historical Case Review

In addition to recommendations made by the working group, Gov. DeWine called upon the Medical Board to review the board’s handling of the last 25 years of sexual misconduct complaints. The first step of the historical case review involved converting old, paper case files into electronic records. Since the completion of electronic record conversion in March 2020, the actual case review rapidly accelerated. By the end of FY20, SMBO reviewed over 65 percent of the 1,250 identified licensees that had sexual misconduct complaints within the last 25 years. The licensees were reviewed in priority order, with active licensees with multiple complaints as the highest priority. During the first year of the historical case review, the board paid approximately \$100,000 for the external reviews, with each review taking an average of three hours.

Once the external review was completed and a recommendation to keep the case closed or reopen the case was made, it went to an internal review team. The team worked in matrix style between investigators, enforcement attorneys, the chiefs of each unit, and the victim advocate. The team regularly interacted with the Executive Director, as well as the Board’s Secretary and Supervising Member. Communication was factually dependent and done in consultation with the SMBO victim advocate. For those cases recommended to be reopened after investigation, the Secretary and Supervising Member determined next steps with the complaint. Next steps included keeping the complaint closed, scheduling the licensee for an office conference, sending the licensee a caution letter, or sending complaint straight to the SMBO enforcement team for potential formal discipline and board action. Regardless of the final decision to close or reopen, each case was thoroughly discussed and documented.

The Historical Case Review and any necessary case follow up will continue into FY21.

## Duty to Report

The Report of the Working Group on Reviewing of the Medical Board’s Handling of the Investigation Involving Richard Strauss also addressed the importance of a licensee’s duty to report misconduct to the board.

Starting in FY20, applications for every license type the Medical Board issues now contain a requirement to acknowledge the licensee’s personal duty to report any violations by other licensees to the State Medical Board of Ohio. This question appears on every initial, renewal, and restoration application regardless of answering it in a previous cycle or application. The board also voted during the February 2020 meeting to require one hour of continuing medical education (CME) on the duty to report misconduct. The requirement then moved to the next step of the rule-making process and was filed with Ohio’s Common Sense Initiative (CSI) for further review.

The screenshot shows a web-based application form. The 'License Selection' section includes three dropdown menus: 'Select a Board' (Medical Board), 'Select a License' (Doctor of Medicine (MD)), and 'Select an Application Type' (General Application). Below this is a paragraph of instructions. The 'Eligibility' section contains a question: 'Do you acknowledge your personal duty to report to the State Medical Board of Ohio when you believe that any individual licensed by the Board has violated the Board's laws or rules?'. It lists violations such as sexual misconduct, impairment, and improper prescribing. At the bottom, there are radio buttons for 'Yes' and 'No', with 'No' selected.

# Pandemic Response

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In early 2020 COVID-19, a new strain of coronavirus that had not been previously identified in humans, began to spread across the United States. On March 9, 2020 Governor Mike DeWine declared a State of Emergency to protect the health, safety and welfare of Ohioans. The state's Emergency Operations Center was activated, and the Director of Health began issuing orders to decrease the spread of the virus and reduce the fatal impact of the pandemic.

Many of Ohio's health and human services agencies and regulatory boards were directly impacted. SMBO engaged rapidly to ensure critical health care providers were able to respond to the surging needs. Per the governor's order, Medical Board staff began teleworking the week of March 16, 2020 and continued to work remotely through the duration of the fiscal year.



## License Expiration Extension

On March 27, 2020, House Bill 197 was signed into law by Governor DeWine. HB197 granted an extension to all state issued license holders, including Medical Board licensees, who have licenses that were set to expire during the declared COVID-19 emergency. The extended renewal dates were designated as 90 days after the declared COVID-19 emergency ends, or December 1, 2020, whichever came first. Due to that legislation, the number of license renewals the board processed was approximately 15,000-18,000 less than would have been expected, resulting in revenue approximately \$1 million under projections.

## Telehealth

The Medical Board met on Wednesday, March 18, 2020 and voted on strategic changes to better allow licensees to respond and provide essential health care during the COVID-19 pandemic. Effective March 9, 2020 until Executive Order 2020-01D expires, providers could use telemedicine in place of in-person visits, without enforcement from SMBO. That included, but was not limited to prescribing controlled substances, prescribing for subacute and chronic pain, prescribing to patients not seen by the provider, pain management, medical marijuana recommendations and renewals and office-based treatment for opioid addiction. Providers were required to document their use of telemedicine and meet minimal standards of care. These telehealth changes continue into FY21 until the Executive Order expires.

## Continuing Education

During the March 18 special meeting, the board also suspended enforcement of continuing education (CE) requirements for all license renewals, including physicians, effective March 9, 2020 - March 1, 2021. That did not include any existing board orders and consent agreements for individual licensees. Licensees who do not complete their required CE by the time of their renewal were instructed to indicate that on their license renewal and assured enforcement would not be taken.

## Collaborative Response

The Medical Board stood ready to assist and partner with fellow agencies and boards if the need arose to temporarily license out-of-state physicians and physician assistants. Other cross-functional COVID responses included:

- Working with the Ohio Department of Health to research legal issues regarding practice and licensure restrictions that can be modified during the emergency, including the development of safe return-to-practice guidelines for massage therapists;
- Assisting the FDA, Ohio Board of Pharmacy, and the US Justice Department on matters related to hydroxychloroquine and chloroquine prescribing;
- Working with the EMA and ODH to lead discussions with all other health care regulatory boards to determine the emergency response tasks the other health care licensees could support in the event of a COVID surge
- Working with local health departments and the Ohio Department of Health and completing investigations, as a result of complaints; and
- Expediting applications from physicians, physician assistants, and respiratory care professionals.

# Education and Outreach Activities

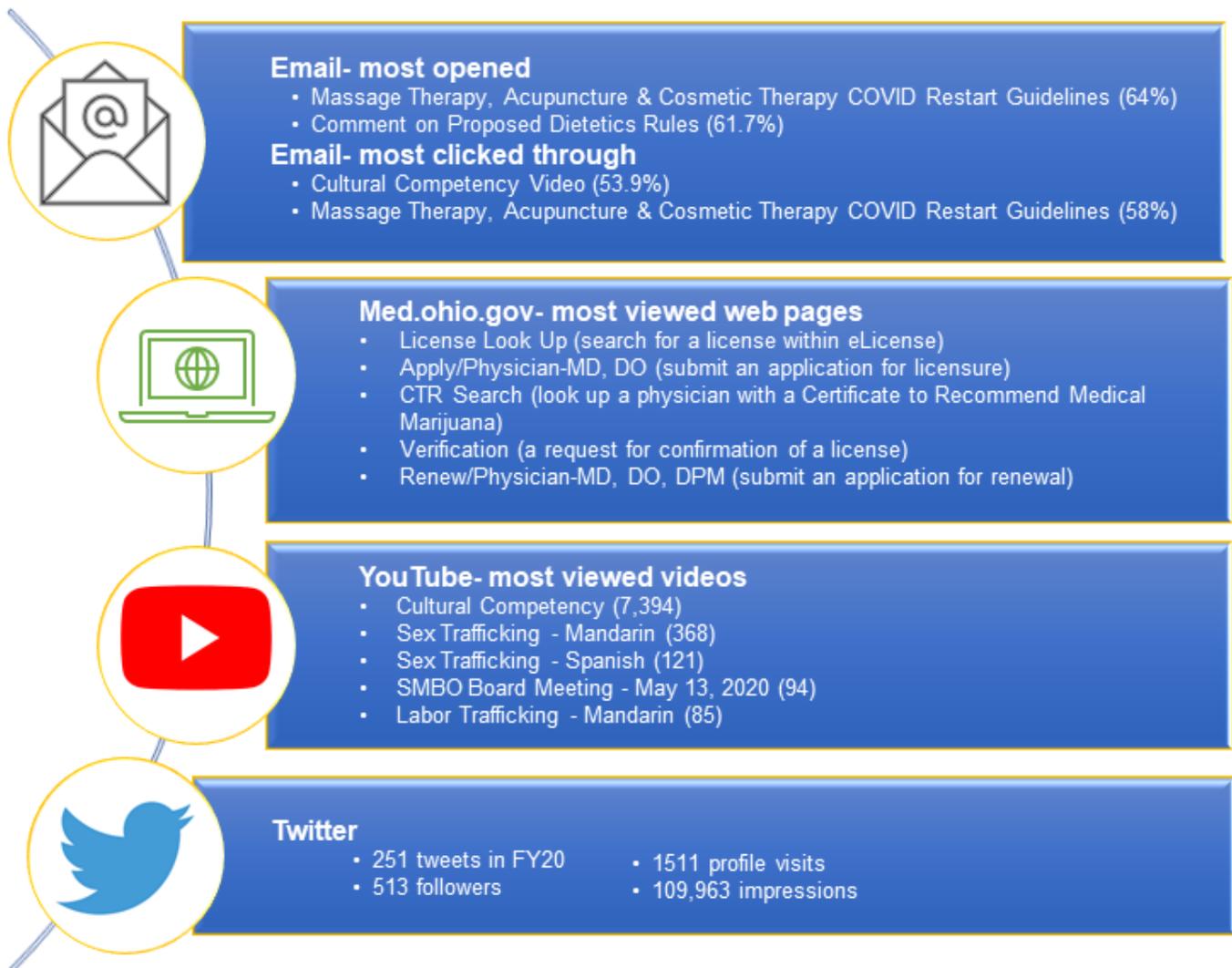
## COVID-19 Response

Communication with licensees during the pandemic was essential. The Ohio Department of Health and CDC needed to continually update COVID test and care guidance. Staff fielded numerous inquiries from the licensees, affiliated associations and stakeholders as well as the general public as to how to provide and receive services during the pandemic.

SMBO initially answered these needs by sending out daily email blasts with updated guidance and information. The board also created a webpage with latest testing guidance, quick references to all telemedicine regulations in Ohio, guidance on resuming elective procedures and wellness resources for Ohio's health care providers.

## Digital Communications

The SMBO Communications team maintains digital communication channels to quickly communicate critical information with stakeholders including licensees, associations and fellow Ohio boards and agencies. Throughout FY20, the Medical Board sent 84 email blasts reaching its 97,000 contacts. Included in that count are the monthly electronic newsletters (eNews) delivering updates on regulation, license renewal and educational opportunities. An archive of eNews is available on the board's public website, med.ohio.gov. Website traffic increased throughout FY20 as it became a more-known resource for stakeholders with 361,900 unique visitors to the site during the year.



*Impressions: number of times Twitter users saw a Tweet*

# Education and Outreach Activities

## Outreach

The Medical Board continued its efforts to improve the information provided to licensees, the public, stakeholders, the media, and other interested parties. This includes presentations, educational displays, and board visits. The board was faced with unprecedented challenges in the wake of COVID-19 and adapted several presentations to an online format. Because of Ohio's limits on in-person gatherings during the coronavirus emergency, a number of regularly scheduled events and presentations were canceled. During FY20, the Medical Board participated in 37 outreach events compared with 76 events and presentations in FY19

Topic	Number of Events
Educational Display	3
Licensure Presentation	2
Medical Board Overview and Updates Regarding Laws, Rules, Processes Presentation	18
Medical Marijuana Presentation	4
Mental/Physical Health Presentation	1
Prescribing Presentation	4
Professional and Medical Ethics Presentation	3
Virtual Board Visit	2
<b>Total</b>	<b>37</b>

## Education

The Partners in Professionalism program, created and delivered by SMBO staff, introduces medical students to the responsibilities of medical licensure. Throughout the presentation, students are exposed to application requirements, the board complaint and investigative process, professionalism and ethics, personal duty to report and more. Students also are encouraged to engage with real-life case studies that portray dangerous behavior and important lessons. During FY20, medical students from the Ohio State University College of Medicine, the Kent State University College of Podiatric Medicine, Ohio University's Heritage College of Osteopathic Medicine (Athens, Dublin and Cleveland campuses), and Wright State University Boonshoft School of Medicine took part in this learning experience.



# Licensure Activities

The licensure responsibilities of the Medical Board ensure that those practicing medicine and the other professions regulated by the agency meet sufficient standards of education, training, competency and ethics. The standard requirements for licensure in each profession are established through Ohio law. The total number of active licenses listed in the table below includes Ohio license holders living both in-state and out-of-state. All applications and renewals are processed and paid online via credit card through the eLicense system except naprapath, mechanotherapist, and restricted cosmetic therapist applications.

License Type	Total Active Licenses as of				
	6/30/20	6/30/19	6/30/18	6/30/17	6/30/16
Allopathic Physician (MD)	44,130	42,007	42,265	41,533	40,665
Osteopathic Physician (DO)	7,326	6,826	6,676	6,430	6,164
Podiatric Physician (DPM)	1,003	981	956	977	969
Training Certificate (MD)	6,727	5,812	4,589	3,989	3,594
Training Certificate (DO)	2,328	2,046	1,409	1,162	1,071
Training Certificate (DPM)	208	186	148	93	96
Telemedicine License (MD,DO) <sup>3</sup>	0	163	167	157	134
Acupuncturist (ACU)	233	247	226	243	242
Anesthesiologist Assistant (AA)	291	278	249	262	241
Cosmetic Therapist (CT)	181	176	169	177	183
Dietitian (LD)	4,701	4,353	4,275	NA	NA
Limited Permit Dietitian	8	11	23	NA	NA
Genetic Counselor	423	377	288	265	221
Massage Therapist (MT)	11,949	11,638	12,090	11,947	11,560
Mechanotherapist (DM)	8	9	11	14	15
Naprapath (NAP)	1	1	1	1	1
Oriental Medicine Practitioner (OM)	67	59	47	41	32
Physician Assistant (PA)	4,340	4,149	3,706	3,506	2,720
Radiologist Assistant (RA)	15	18	16	15	14
Respiratory Care Professional (RCP)	8,884	8,391	8,633	NA	NA
L1 Limited Permit – Respiratory Care	337	307	375	NA	NA
L2 Limited Permit – Respiratory Care	4	4	8	NA	NA
<b>Total</b>	<b>93,219<sup>4</sup></b>	<b>88,039</b>	<b>86,327</b>	<b>70,638</b>	<b>67,922</b>

- Effective October 17, 2019, HB166 (Biennial Budget for 133rd GA), eliminated the need for a separate telemedicine certificate; any MD or DO with a valid Ohio license may provide telehealth care for an Ohio resident.
- Due to the COVID emergency, license expiration extension, more active licenses were noted in Q4 of FY20.

# Licensure Activities

## New Licenses for Military Families

On January 28, 2020 Governor Mike DeWine signed Ohio Senate Bill 7 into law, requiring state occupational licensing agencies to issue temporary licenses or certificates to uniformed service members and their spouses who are validly licensed in another jurisdiction and have moved to Ohio for military duty. The Medical Board issued its first active military license to a massage therapist in May 2020.

## Average Time to Issue a License

The Medical Board continued to improve efficiencies in issuing license to those applicants qualified to practice in Ohio. On average, it took less than a month to issue a license from the date the application was submitted with payment in eLicense.

License Type	Number Issued in FY20	Average Days to Issue in FY20
Active Military, Temporary License (1 MT, 1 DO)	2	6
Allied Medicine Professions	2,019	29
Physicians (MD, DO, DPM)	3,395	26
Physician Training Certificate (MD, DO, DPM)	2,400	22

## Number of New Licenses Issued

License Type	FY20	FY19	FY18	FY17	FY16
Allopathic Physician – MD	2,735	2,539	2,539	2,703	<b>2,299</b>
Osteopathic Physician – DO	615	536	525	577	<b>466</b>
Podiatric Physician – DPM	45	48	43	46	<b>33</b>
Acupuncturist	14	15	15	9	<b>19</b>
Anesthesiologist Assistant	26	29	17	25	<b>24</b>
Cosmetic Therapist	5	13	9	7	<b>7</b>
Genetic Counselor	72	92	58	62	<b>55</b>
Dietitian	338	289	282	NA	<b>NA</b>
Limited Permit – Dietitian	8	33	30	NA	<b>NA</b>
Massage Therapist	417	503	517	573	<b>617</b>
Oriental Medicine Practitioner	11	12	8	7	<b>10</b>
Physician Assistant	467	418	475	411	<b>344</b>
Radiologist Assistant	0	2	1	3	<b>2</b>
Respiratory Care Professional	453	424	382	NA	<b>NA</b>
L1 Limited Permit – Respiratory Care	209	275	258	NA	<b>NA</b>
<b>Total</b>	<b>5,415</b>	<b>5,228</b>	<b>5,159</b>	<b>4,420</b>	<b>3,876</b>

# Licensure Activities

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## Special Certificates Issued by the Medical Board

Special Certificates Type	FY20	FY19	FY18	FY17	FY16
Certificate to Recommend Medical Marijuana	146	374	139	NA	NA
Special Activity Certificates	3	10	25	15	36
Conceded Eminence	9	5	1	2	1
Clinical Research Faculty	3	7	5	5	12
Volunteer Certificate	2	1	1	0	0
Visiting Clinical Professional Development	0	0	1	1	0

Certificates to Recommend Medical Marijuana: House Bill 523, effective 9/8/2016, established the Ohio Medical Marijuana Control Program and tasked the State Medical Board of Ohio with establishing the procedure to issue certificates to physicians wishing to recommend medical marijuana to patients with qualifying conditions. Criteria for certificate to recommend (CTR) issuance are outlined in OAC 4731-32-02. The first group of CTR applications were approved by the board on 3/19/2018. The board had 654 active CTR holders as of June 2020.

Special Activity: The holder of a special activity certificate may practice medicine and surgery or osteopathic medicine and surgery only in conjunction with the special activity, event or program for which the certificate is issued. A special activity certificate is valid for the shorter of thirty days or the duration of the special activity, program or event. The certificate may not be renewed.

Conceded Eminence: The holder of a certificate of conceded eminence may practice medicine and surgery or osteopathic medicine and surgery only within the clinical setting of the academic medical center with which the certificate holder is employed or for the affiliated physician group practice with which the certificate holder is employed. A certificate holder may supervise medical students, physicians participating in graduate medical education, advanced practice nurses and physician assistants when performing clinical services in the certificate holder's area of specialty.

Clinical Research Faculty: Certificate holders may practice medicine and surgery, or osteopathic medicine and surgery, only as is incidental to the certificate holder's teaching or research duties at the medical school or a teaching hospital affiliated with the school. A clinical research faculty certificate is valid for up to three years.

Visiting Clinical Professional: The holder of a visiting clinical professional development certificate may practice medicine and surgery or osteopathic medicine and surgery only as part of the clinical professional development program in which the certificate holder participates. The certificate holder's practice must be under the direct supervision of a qualified faculty member of the medical school, osteopathic medical school or teaching hospital conducting the program who holds a certificate to practice medicine and surgery or osteopathic medicine and surgery issued by the board.

Volunteer Certificates: ORC 4731.295 allows the board to issue a volunteer's certificate to an MD or DO who has retired from active practice so that the doctor may provide medical services to indigent or uninsured persons. A volunteer's certificate holder may not accept any form of remuneration for providing medical services. The certificate is valid for three years and may be renewed.

Limited Branch Schools: The Medical Board issues Certificates of Good Standing to schools offering courses in massage therapy or cosmetic therapy that satisfy the statutory requirements for curriculum content and instruction hours. The complete list of approved limited branch schools is available on the board's website, med.ohio.gov.

# Licensure Activity

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## Renewals

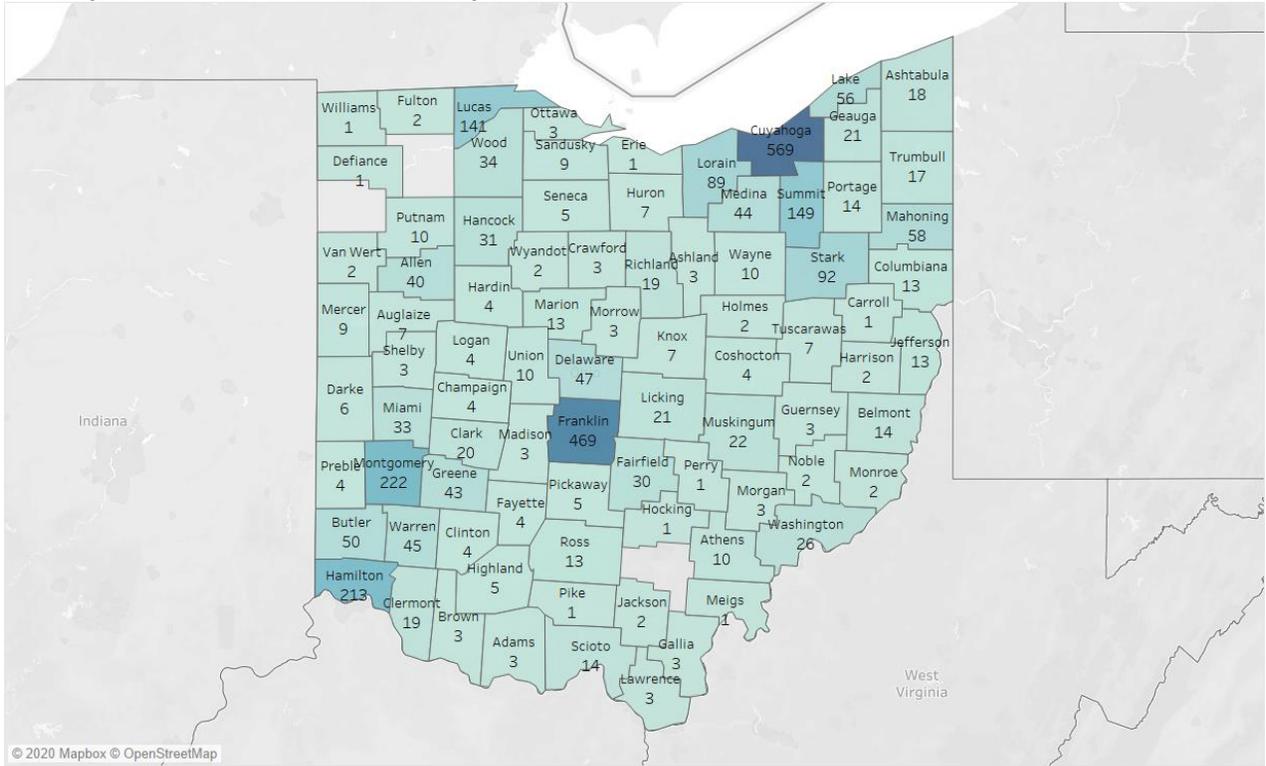
Licenses issued prior to October 16, 2019, were either renewed pursuant to a staggered renewal system based upon the licensees' last name or on a certain date in even-numbered years. Licenses issued on or after October 16, 2019, are issued for an initial two-year period and are renewable for two-year periods thereafter on the anniversary of the initial period. Legislation enacted in March 2020, in response to the Coronavirus pandemic, provided that licenses that were due to expire during the pendency of the emergency declared by Executive Order 2020-01D, were extended to December 1, 2020, or ninety days after the emergency ends, whichever is earlier.

License Type	Renewed in FY20
Acupuncturist (ACU)	220
Anesthesiologist Assistant (AA)	267
Cosmetic Therapist (CT)	82
Genetic Counselor (GC)	344
L1 Limited Permit	25
L2 Limited Permit	4
Licensed Dietitian	1,479
Limited Permit	4
Massage Therapist (MT)	4,587
Mechanotherapist	3
Oriental Medicine (OM)	56
Physician Assistant (PA)	3,900
Radiologist Assistant (RA)	15
Respiratory Care Professional	3,938
Doctor of Medicine (MD)	16,396
Doctor of Osteopathic Medicine (DO)	2,666
Doctor of Podiatric Medicine (DPM)	362
Training Certificate (DO)	20
Training Certificate (MD)	109
Other	6
Certificate of Conceded Eminence	1
Clinical Research Faculty Certificate	5
<b>Total</b>	<b>34,818</b>

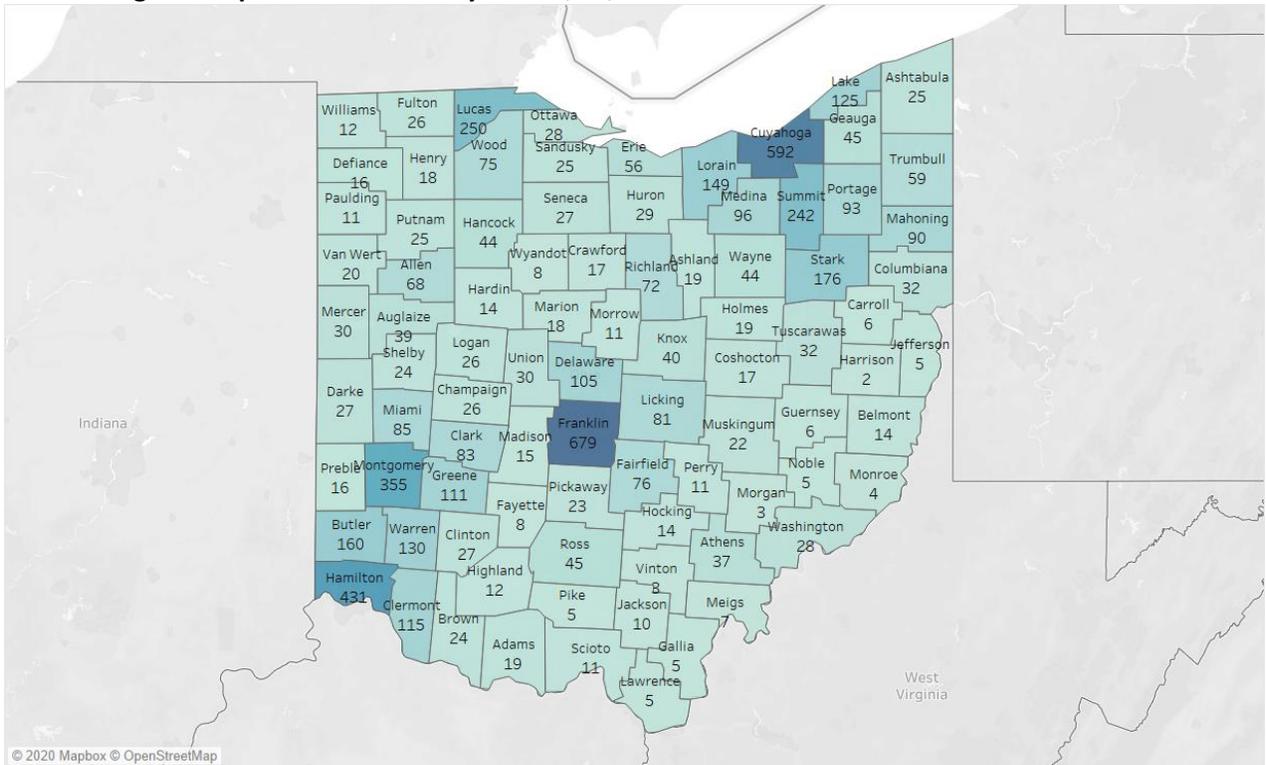


# Licensure Activity

Number of Physician Assistants in Each County as of 6/30/20



Number of Massage Therapists in Each County as of 6/30/20

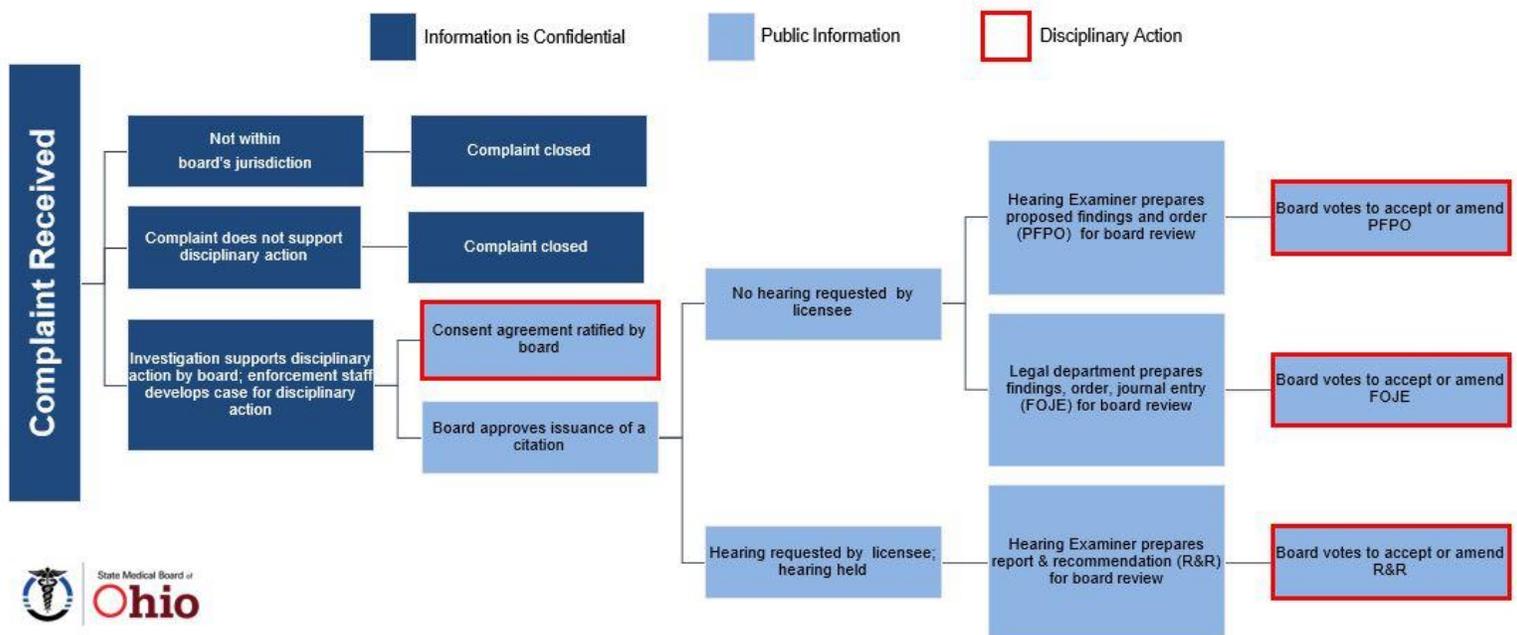


# Case Management

The Medical Board protects the public through effective medical regulation, holding licensees accountable for following Ohio laws, rules and professional codes of ethics. The board investigates complaints, takes disciplinary actions against those who violate regulations, and monitors licensees on probation. The complaints received and investigations conducted by the board cannot be publicly disclosed per Ohio Revised Code 4731.22(F).

Complaints are reviewed to determine if the board has jurisdiction over the subject of the complaint, and if so, if the allegations violate a section of Ohio law or a rule enforced by the Medical Board. **Complaints** within the board’s jurisdiction are then sent to **Investigations**. Investigators gather information on the alleged incident. Some cases, especially those alleging a licensee did not provide the correct standard of care, receive further examination by **Standards Review**. Investigators then provide a report to the board’s Secretary and Supervising Member. **Enforcement** staff review the complaints referred to the section by the board’s Secretary and Supervising Member and prepare the cases for possible disciplinary action. At their monthly meetings, the board members vote to ratify settlement agreements negotiated by Enforcement, take the action recommended by the **Hearing Unit** and issue citations by Enforcement.

## Complaint, Investigation, Enforcement and Disciplinary Process



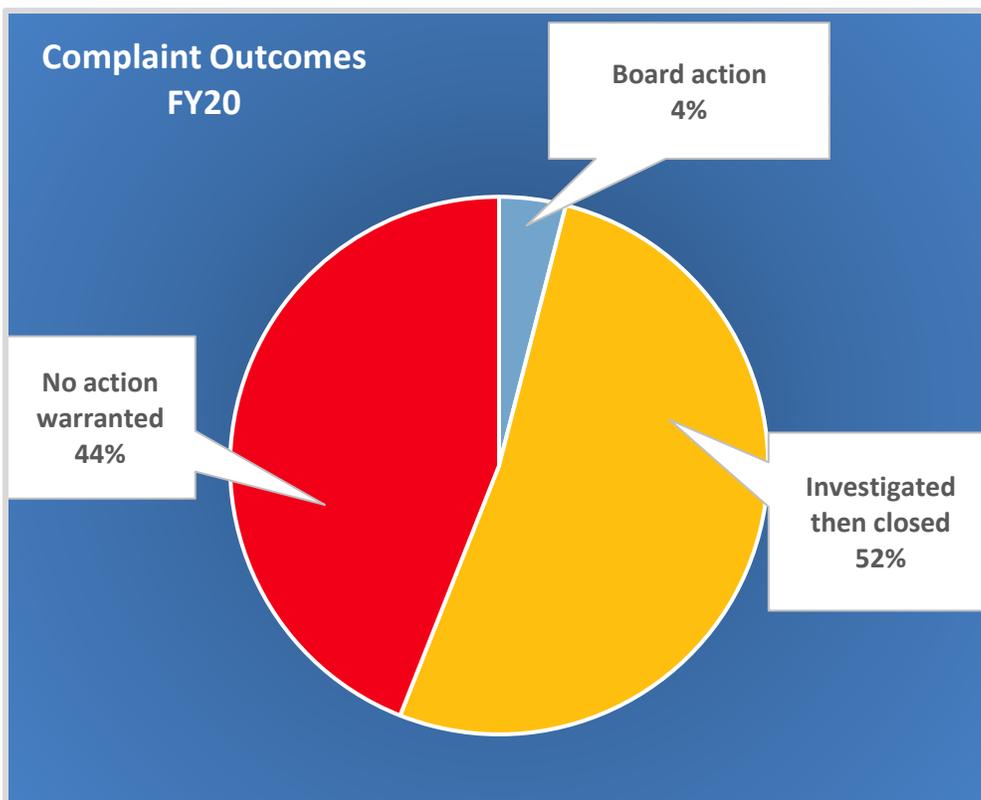
# Case Management

## Complaints

Complaints inform the board of potential problems with a licensee’s practice. Complaints are received from a variety of sources including the public, agency staff, state and national regulatory agencies, physicians, self-reports from licensees, hospitals, and others such as law enforcement and the media.

Types of complaints received include patient care concerns, inappropriate prescribing issues, discrepancies in licensure application information, criminal activity, impairment due to substance misuse, ethical violations, and office practice management concerns.

Complaint Metric	FY20	FY19	FY18	FY17	FY16
New complaints received	7,343	6,485	5,553	5426	4,867
Closed complaints (includes disposition of complaints received prior to FY20)	5,777	5,612	5,783	5687	5,583
Average number of processing days from receipt of complaint to closure	86	102	207	19	40



### No action warranted

2,533 complaints closed as the issue involved profession not regulated by board or no further review needed

### Investigated then closed

2,999 complaints were closed after investigation as information obtained about allegation did not support board action. Although there was no formal discipline, licensee could have received a cautioning letter, met with board Secretary and Supervising Member, or been referred to further education

### Board action

245 complaints resulted in disciplinary action by the Medical Board

# Case Management

## Complaints Received by License Type in FY20

License Type	Complaints Received
Acupuncturist (ACU)	15
Anesthesiologist Assistant (AA)	10
Certificate of Conceded Eminence	2
Clinical Research Faculty Certificate	3
Cosmetic Therapist (CT)	8
Doctor of Medicine (MD)	4,470
Doctor of Osteopathic Medicine (DO)	878
Doctor of Podiatric Medicine (DPM)	98
Genetic Counselor (GC)	6
L1 Limited Permit	13
Licensed Dietitian	48
Limited Branch Preliminary Education Certificate	22
Limited Branch School	1
Limited Permit	5
Massage Therapist (MT)	411
Mechanotherapist	2
Physician Assistant (PA)	323
Respiratory Care Professional	166
Special Activity Certificate	5
Training Certificate (DO)	82
License Type: Training Certificate (DPM) (7 records)	7
Training Certificate (MD)	163
Volunteer Certificate (M-VC)	3
<b>Total</b>	<b>6741</b>

## Investigations

Upon receipt of the complaint, an investigator may decide to gather preliminary information before contacting the licensee under investigation. Such activities may include interviewing the complainant, reviewing a controlled substance prescribing report or the subpoena of medical records. If allegations pose a serious risk to the public, the complaint may be sent directly to the Enforcement section attorneys for review. When the investigator has gathered necessary information for the case, they will prepare a Report of Investigation (ROI). The ROI is reviewed and approved by the Investigator Supervisor. The report is then routed to the Board's Secretary and Supervising Member for review.

The Medical Board continues to routinely work with a variety of local, state, and federal agencies including the hundreds of hospitals throughout Ohio. Throughout FY20, investigators worked tirelessly to strengthen relationships with law enforcement ensuring cooperative efforts and seamless transition from criminal to administrative action.

**1,195**  
investigations  
completed in FY20

SMBO staff including leadership, investigator supervisors and investigators from across the state collaborated to revise the board's Investigator Manual during FY20. The most recent manual changes allowed the investigators more discretion in conducting investigations, and account for investigators utilizing victim advocates and investigators working with local law enforcement, where appropriate.

# Case Management

## Standards Review

The Standards Review section, as part of the board’s confidential investigatory process, addresses quality of care complaints. Standards Review coordinates contracts with physicians, and other industry professionals, to evaluate certain complaint allegations to determine if the minimal standard of care was provided to the patient. During FY20, Standards Review encumbered 83 contracts with experts. In addition to contracted experts, staff provided further analysis and manage the complaints in the Standards Review section.

**611 standard of care allegations reviewed**  
493 met the standards and were closed  
118 referred for further investigation or disciplinary action

Standards Review focuses on intervention, with the goal to guide licensees who are beginning to show poor practice patterns or who are failing to keep up with changes in practice standards. While some complaints are sent on for formal disciplinary action, most complaints evaluated by this section are resolved via non-disciplinary means, such as issuing warning letters and recommending educational courses. In addition to Standards Review complaints, the section manages remedial education referrals and caution letters for Investigations and Enforcement, totaling 161 such referrals in FY20.

## Enforcement

Enforcement staff review the complaints referred to the section by the board’s Secretary and Supervising Member. Enforcement attorneys evaluate the case to determine if there has been a violation of the board’s rules or statutes. If so, the case is then prepared for possible disciplinary action. Enforcement attorneys work closely with Ohio’s assistant attorneys general to ensure cases have sufficient proof to prevail at hearing.

Enforcement attorneys prepare Summary Suspensions, Immediate Suspensions and Automatic Suspensions. They negotiate Consent Agreements and Voluntary Surrenders and Retirements. Additionally, enforcement attorneys prepare citations for the board to issue. These citations are a formal notice to a licensee that the board believes they have violated rules or laws and informs them of their right to a hearing.

Enforcement Activities	FY20
Complaints Sent to Enforcement	776
Complaints Completed by Enforcement (includes disposition of complaints received prior to FY20)	1,429
Citations Issued	124

# Case Management

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## Methods of Case Development

To support investigations and gather evidence, case management attorneys use subpoenas to gain access to information and documents, such as patient records; use the formal process of interrogatories to ask questions; and interview those who might have knowledge about the complaint during depositions.

Legal Administration	FY20
Standards Review Subpoenas	1,086
Investigations Subpoenas	272
Enforcement Subpoenas	179
Nurse Reviewer Request Subpoenas	30
Not Department Specific Subpoenas	10
Scheduled Depositions by Enforcement	57
Interrogatories by Enforcement	36

## Hearing Unit

The Medical Board's hearing examiners conduct the administrative hearings of practitioners. Following the conclusion of the administrative hearing, Hearing Unit attorneys prepare a Report & Recommendation (R&R) that includes the basis for the hearing, the findings of fact, conclusions of law and a proposed sanction for consideration by the board members.

In some situations, the practitioner does not request an administrative hearing. If that occurs, the board can either act based upon the information in the Notice of Opportunity for Hearing, which often occurs in less complex cases, or it can request a Hearing Examiner review the board's evidence to support the charges and prepare a Proposed Findings and Proposed Order (PFPO), which includes a proposed sanction for consideration by the board members.

The Attorney Hearing Examiners also preside at public rules hearings regarding administrative rules promulgated by the agency. They prepare a report of the hearing for consideration by the board members.

Hearing Unit Metrics	FY20
Number of Report & Recommendations (R&Rs) filed	33
Number of Proposed Findings & Proposed Orders (PFPOs) filed	23
Average number of days from hearing request to first hearing date	161
Average number of days from close of hearing record to filing R&R	91
Median calendar days from filing R&R to effective date of final order	41
Number of administrative hearings held	29
Number of rules hearings held	2

# Board Actions

Any recommended disciplinary action must be approved by the board. Similarly, all settlement agreements must be ratified with no fewer than six affirmative votes. Once the board votes to issue this formal action, some information becomes public information. SMBO posts all formal board actions on the licensee's record on eLicense.ohio.gov to support transparency and ensure the public has access to the information.

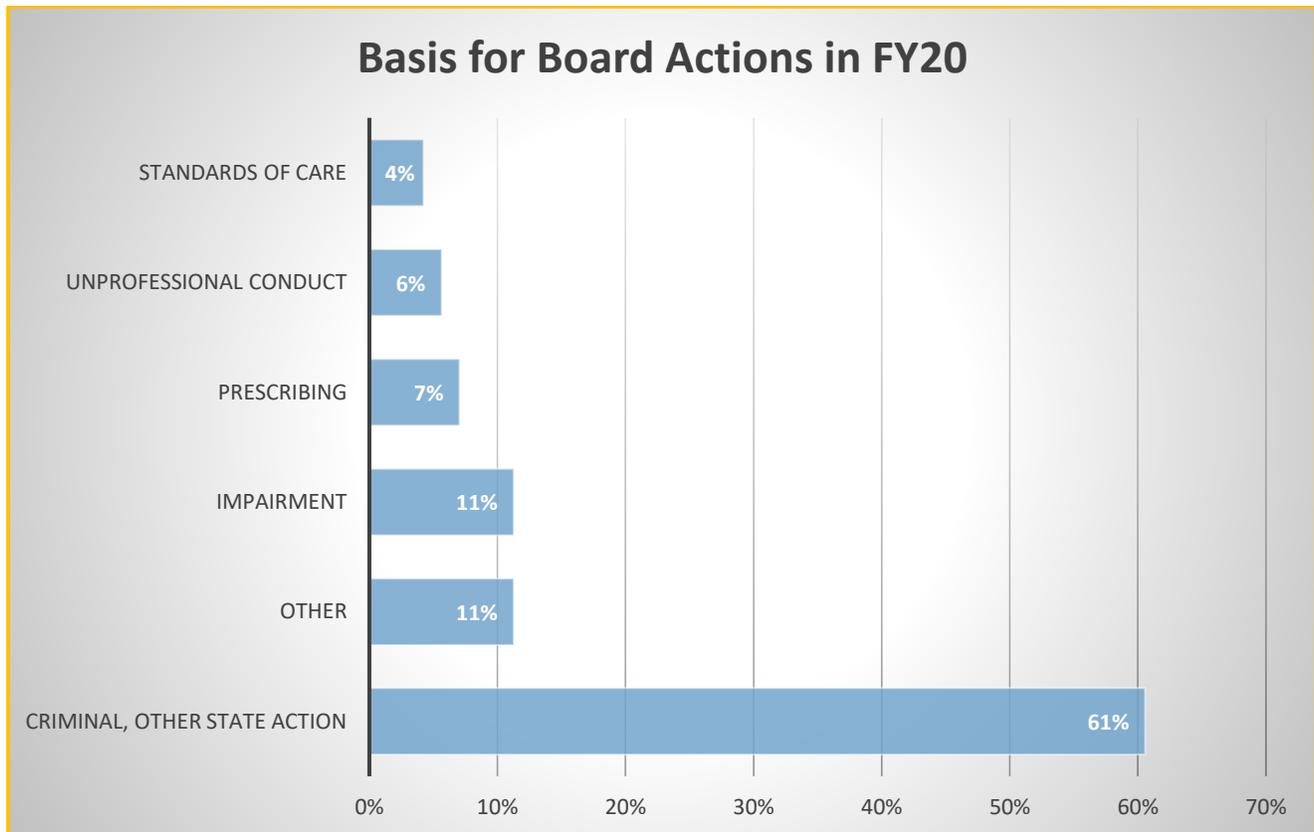
## Case Outcomes by Board Action and License Type for FY20

	MD	DO	DPM	RC L1 Limited Permit	Dietetics Limited Permit	MT	PA	Respiratory Care	Training Certificate (DPM)	Training Certificate (MD)	Total Per Type of Action
Application Approved	2					1					3
Application Conditionally Approved	2					18		5			25
Denial	5	2		1	1	5	1	2			17
Limitation	1										1
No Further Action	1										1
Permanent Denial	2										2
Permanent Revocation	16	9	1			2	1	2	1		32
Permanent Surrender	3	2				1					6
Permanent Withdrawal	2					1		3			6
Probation	9	4	1				1	2		1	18
Reprimand	8	1	1					1			11
Revocation	7	2				4					13
Suspension (Definite)	1					2					3
Suspension (Indefinite)	10	6				1	2	1		1	21
Voluntary Retirement	4										4
Withdrawal	3					1					4
<b>Total per License Type</b>	<b>76</b>	<b>26</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>36</b>	<b>5</b>	<b>16</b>	<b>1</b>	<b>2</b>	<b>167</b>

# Board Actions

## Reasons for Board Action

A licensee can face discipline for violating rules, laws or codes of ethics. The Medical Board tracks the basis for board action to better inform education programs and monitor trends. Major categories are noted in the chart below. “Other” includes categories not totaling a whole percent such a disclosure of confidential information, failure to cooperate with a board investigation, failure to report, not paying board fines, fraud, hospital sanctions and human trafficking. “Criminal, Other State Actions” may also include cases with elements of poor standard of care, unprofessional conduct, prescribing or impairment, but the legal basis for Ohio discipline was a criminal conviction or formal action in another state.



# Treatment and Compliance

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## Compliance

While some board actions, like a permanent revocation, mean a licensee can never again practice in Ohio, other board actions such as a license suspension require the licensees to undergo probation and meet certain criteria before they are able to practice again without restriction. Compliance staff manage the probation process and monitor licensees to ensure they are meeting the board's conditions. Probationary terms could include regular drug screenings, attending educational classes or utilizing a chaperone in certain practice situations. Probationers are usually required to attend periodic office conferences with the board's Secretary or designee to verify that the licensee is fulfilling the specific requirements of the Board Order or Consent Agreement. Compliance staff members participate in nearly 20 such conferences each month. The Medical Board had 220 licensees participating in the probation program as of June 30, 2020.

Compliance Section Metrics	FY20
Number of probationary requests approved by the board (such as approving specific courses to meet licensee's remedial education requirement)	82
Average number of office conferences each month	20
Total number of licensees who underwent probation	301
Number of licensees who successfully complied with probation terms and were released from board order or consent agreement	50

Compliance staff also are responsible for verifying that treatment providers, approved by the board to provide services to licensees with chemical dependency issues, maintain compliance with the requirements in ORC 4731.25 and in OAC 4731-16. The list of approved treatment providers is available on the Medical Board's website, [med.ohio.gov](http://med.ohio.gov).

## Confidential Monitoring

The Medical Board's compliance staff also monitored seven licensees as part of its B(19) Confidential Monitoring Program. This program, which began in December of 2018, enables eligible licensees to participate in a non-disciplinary confidential monitoring program related to a mental or physical illness (other than a substance use disorder). The board's Secretary and Supervising Member determine if an individual's condition can be appropriately monitored through ongoing observation rather than formal disciplinary action.

## One-bite Program

The One-bite program allows an eligible individual who is impaired due to substance use disorder to avoid formal disciplinary action by the board. Under Ohio Revised Code 4731.251 and 4731.252, the One-bite program establishes confidential monitoring and treatment for eligible practitioners. Eligibility for the One-bite program is determined by the monitoring organization and the board-approved One-bite treatment providers. The monitoring organization for the One-bite program is the Ohio Physicians Health Program (OPHP).

# Fiscal Report

Medical Board operations are funded exclusively through licensing and other authorized fees. The agency receives no funding from the state's general revenue sources. The board received \$10,370,657 revenue in FY20.

In early 2020 the Medical Board's spring and summer renewal deadlines were extended to December 1, 2020 in response to the pandemic. This had an impact on projected FY20 revenue, as many licensees opted not to renew at their normal April, June and July deadlines.

Revenue Category	FY20	FY19	FY18
(410000) Holding	\$(74,357)	\$70,772	\$ --
(422005) Renewal	\$7,008,590	\$6,724,850	\$7,676,185
(423528) Reactivation	\$ --	\$ --	\$500
(426095) Reinstatement	\$435,535	\$499,780	\$394,300
(426096) Restoration	\$151,300	\$85,065	\$63,655
(426097) Certificate of License	\$1,758,052	\$1,683,638	\$1,577,779
(426098) Training Certificate	\$315,520	\$311,610	\$297,398
(426099) Training Cert Renewal	\$8,500	\$36,080	\$312,600
(426100) Pre-Ed Certificate	\$ --	\$ --	\$14,035
(426106) Dup Certificates/Wallets	\$12,285	\$ 15,655	\$13,945
(426108) Special Activity	\$1,625	\$ 1,875	\$3,000
(426119) Telemedicine	\$1,220	\$ 12,505	\$6,700
(426110) Telemedicine Renewal	\$5,985	\$ 18,440	\$15,650
(426119) Reinstatement Penalty	\$ --	\$ --	\$11,650
(426120) Restoration Penalty	\$ --	\$ --	\$8,175
(426121) Cert of Verification	\$519,490	\$ 483,675	\$419,380
(450022) Fines	\$212,122	\$ 167,399	\$222,271
(452518) Public Records	\$ --	\$ --	\$10
(452525) Reimbursement-Variou	\$14,790	\$ 1,707	\$17
<b>Total</b>	<b>\$10,370,657</b>	<b>\$10,113,051</b>	<b>\$ 11,037,250</b>

## Ohio Physician Loan Repayment Program (OPLRP)

Ohio physician loan repayment program contribution for FY20:  
**\$398,480**

Physician licensure biennial renewal fees are \$305. \$285 of the fee supports Medical Board operations and the remaining \$20 is transferred to the Department of Health for the Ohio Physician Loan Repayment Fund as required in ORC 4731.281(A). This program is designed to increase access to primary care for underserved communities and populations. In exchange for loan repayment assistance, physicians commit to practice for a minimum of two years at an eligible site in a Health Professional Shortage Area (HPSA) or Health Resource Shortage Area, accept Medicare and Medicaid, and see patients regardless of ability to pay.

# Fiscal Report

Fees are received online through eLicense and reflects all types of activities for that license type (i.e., Medicine includes MD initial licenses, MD renewals, MD training certificates and any special certificates held by an MD)

Revenue by License Type	FY20	FY19	FY18
MD -- Medicine	\$5,899,564	\$6,581,993	\$6,136,333
DO -- Osteopathic Medicine	\$1,104,103	\$1,146,868	\$1,120,700
DPM -- Podiatric Medicine	\$131,060	\$180,050	\$154,275
MDEXP -- MD Expedited	\$346,000	\$322,000	\$324,301
DOEXP -- DO Expedited	\$33,000	\$21,000	\$35,000
CCE -- Conceded Eminence	\$10,750	\$11,000	\$5,000
CRF -- Clinical Research Faculty	\$2,625	\$3,750	\$4,875
MT -- Massage Therapist	\$614,022	\$674,280	\$630,001
LICS -- Misc./Mechano./Limited Br.	\$5,088,198	\$499,430	\$433,388
PA -- Physician Assistant	\$996,100	\$226,353	\$933,951
AC -- Acupuncturist	\$24,150	\$2,550	\$23,925
AA -- Anesthesiologist Assistant	\$29,925	\$2,300	\$33,200
CT -- Cosmetic Therapist	\$10,050	\$11,275	\$12,925
GC -- Genetic Counselor	\$68,325	\$17,050	\$49,050
DT -- Licensed Dietitian	\$240,745	\$199,580	\$611,275
Limited Permit -- Dietitian	\$2,210	\$2,795	\$1,820
OM -- Oriental Medicine	\$6,925	\$1,000	\$5,000
RA -- Radiology Assistant	\$3,000	\$400	\$3,225
RCP -- Respiratory Care Professional	\$255,789	\$128,362	\$510,427
L1 -- Limited Permit Respiratory Care	\$4,690	\$8,071	\$8,383
L2 -- Limited Permit Respiratory Care	\$ --	\$465	\$ --
Interest/Penalties	\$ --	\$ --	\$169
PUBL -- Public Records (copies)	\$ --	\$ --	\$10
STAFF/OTHER Reimbursements	\$14,790	\$ 1,707	\$17
Holding/Undistributed	\$66,015	\$ 70,772	\$ --
<b>Total</b>	<b>\$10,370,657</b>	<b>\$10,113,051</b>	<b>\$ 11,037,250</b>

The Medical Board's spending authority is authorized by the legislature through the biennial budget process. The board's original FY20 spending authority of \$10,862,471 was reduced to \$10,587,390 due to the economic impact of the pandemic. FY21 began July 1, 2020 with a budget appropriation of \$11,302,171.

By Expense Category	FY20	FY19	FY18
Payroll	\$8,156,978	\$7,787,845	\$7,797,920
Operating Expenses	\$1,297,875	\$1,501,255	\$938,514
Purchased Personal Services*	\$602,505	\$425,389	\$251,079
Travel Reimbursements	\$44,886	\$52,415	\$42,985
Equipment	\$8,154	\$21,531	\$10,975
Refund/Transfers/Reimbursements	\$ --	\$ --	\$250
<b>Total</b>	<b>\$10,110,397</b>	<b>\$9,788,436</b>	<b>\$9,041,723</b>

\*Purchased Personal Services includes expert witnesses, outside counsel, and contracted personal services.

# Public Records Responses

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The Medical Board falls within the purview of the state’s Public Records Act. All exemptions to openness are to be construed in their narrowest sense and any denial of public records in response to a valid request must be accompanied by an explanation, including legal authority.

Most of the records of the Medical Board are available to the public upon request. However, some commonly requested records are confidential and not available to the public including complaints filed against licensees, the identity of the person(s) filing the complaint and other investigative information under 4731.22(F)(5), ORC.

## FY20 Records Request Summary

Month	# Requests	# Items	Median Days to Complete
July	65	65	1
August	74	74	4
September	47	45	1
October	74	73	13
November	65	65	11
December	49	49	0
January	95	93	0
February	54	54	0
March	48	48	1
April	39	39	0
May	46	46	0
June	78	78	0
<b>Total</b>	<b>734</b>	<b>729</b>	<b>1</b>